

Strong Philippines Movement

447 Sutter St., Suite 700

San Francisco, CA 94108

A Super PAC 527

EIN: 46-4750714

Federal Elections Commission

Washington, D.C. 20463

February 4, 2014

2014 FEB 21 AM 10:15

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FEDERAL ELECTIONS
COMMISSION
PUBLIC DISCLOSURE
DIVISION

The Strong Philippines Movement intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. The Strong Philippines Movement will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

We will advocate expedited Foreign Military Sales, transfers via other channels, and all reasonable ways to re-arm the Armed Forces of the Philippines. We believe a strong Philippines makes a stronger America.

Tom Stern, M.D.

Treasurer



FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2014 FEB 21 AM 9:32

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FEC MAIL CENTER

12FE4M5

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

STRONG PHILIPPINES MOVEMENT

ADDRESS (number and street)

1447 SUTTER ST

(Check if address
is changed)

Suite 700

SAN FRANCISCO

CITY ▲

CA

STATE ▲

94108

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

TOMSTERN@TOMSTERN.COM

Optional Second E-Mail Address

TOMSTERNMD@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.STRONGPHILIPPINES.ORG

2. DATE

02 / 08 / 2014

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

THOMAS K. STERN

Signature of Treasurer

Thomas K. Stern

Date

02 / 08 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

14031190096

Write or Type Committee Name

STRONG PHILIPPINES MOVEMENT

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

THOMAS K STERN

Mailing Address

447 SUTTER

700

San Francisco

CA

94108

Title or Position

CITY

STATE

ZIP CODE

Organizer

Telephone number

510-649-1249

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

THOMAS K. STERN

Mailing Address

447 SUTTER

Suite 700

San Francisco

CA

94108

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

510-649-1249

14031190097

Full Name of
Designated
Agent

THOMAS K. STERN

Mailing Address

447 SUTTER

Suite 700

San Francisco

CA

94108

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

510-649-1249

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address

COLLEGE AND ASHBY BRANCH

Berkeley

CA

94705

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031190098

14031190099

Dr. Thomas K. Stern
2909 Piedmont Ave
Berkeley, CA 94705

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Washington, DC
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

2/21/14
DATE PREPARED

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